

LIMITED LIABILITY COMPANY

STATE OF MAINE

STATEMENT OF CANCELLATION OF
FOREIGN QUALIFICATION

(for a Foreign LLC)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §1628](#), the undersigned foreign limited liability company hereby cancels its statement of qualification in the State of Maine and states the following:

FIRST: If different, the fictitious name under which the limited liability company adopted to do business in the State of Maine pursuant to [§1510-1.B](#) is:

SECOND: Its jurisdiction of organization is _____ (state or country) and the date of organization is _____.

THIRD: The date on which the foreign limited liability company was qualified to conduct activities in the State of Maine:_____.

FOURTH: The foreign limited liability company will no longer conduct business in the State of Maine and it relinquishes its authority to conduct business and is cancelling its statement of foreign qualification.

FIFTH: If the foreign limited liability company is not maintaining the registered agent in the State of Maine, the mailing address to which service of process may be mailed pursuant to [§1662](#) is:

(Principal office address)

(Principal office address)

SIXTH: The street and mailing address of the foreign limited liability company's principal office is:

(street, city, state and zip code)

SEVENTH: The foreign limited liability company acknowledges that any assumed name(s) if adopted pursuant to [§1510-1.A](#), will be withdrawn upon the effective date of this statement of cancellation.

DATED _____

***Authorized person(s)**

(authorized signature)

(type or print name and capacity)

*Pursuant to [31 MRSA §1676.1B](#), this statement **MUST** be signed by a person authorized by the limited liability company.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)